•		REQUEST FOR TAX	REFUND	
Name of taxpayer(s) or business entity		Wells Ice & Cold Stora C/O Harry G. Broskie	age Inc	
Mailing Address:		P.O. Box 599		
		Seaford, Va. 23696 Acct# 002457		# 002457
requesting a pro-rated refund Declaration: I declare that the statements as	of Business Lice	ense Tax for 2005. The N		LLC. DF
See Attached Signature of taxpayer or	authorized officer		August 5 Date	, 2003
Type of Tay Descr		otion of Property Amount of T		Tov
Type of Tax Descr		puon oi Froperty	to be Refunded	
Ticket #			to be itelui	acc
Business License 2005 00003940025	Busin	ness License Tax	Tax:	\$ 3006.25
GL# 3-010-30312-3016)	Penalty:	\$
GL#			Interest	\$
GL# 3-010-30312-3010			TOTAL:	\$ 3006.25
32.75 010 00012 000			Tax:	\$
Amount of Refund for T	axes Paid	111		\$ 3006.25
	GL# 3-010-30312-3012			\$ 125.36
TOTAL REFUND			Interest Paid by the County UE	\$3131.61
	R	REFUND AUTHORIZA	TION	
	<u>C</u>	Commissioner of the Rev	venue	
	bove request for eason(s: Per State License Tax for	a tax refund, and concur ement Business closed eff 2005. The New Owners a	that the taxpayer is entitled to the fective May 1, 2005. Taxpayer is are Wells Scallops, LLC, DF	s requesting a
indicated for the following represented refund of Business	bove request for eason(s: Per State License Tax for	a tax refund, and concur ement Business closed eff 2005. The New Owners a	that the taxpayer is entitled to the fective May 1, 2005. Taxpayer is are Wells Scallops, LLC. DF	s requesting a
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AUG 12 2005

Financial and Management Service

Date